

Kentucky Department for Environmental Protection  
Division of Waste Management  
Underground Storage Tank Branch  
300 Sower Boulevard - Frankfort KY 40601  
(502) 564-5981

FOR OFFICIAL USE ONLY -  
DO NOT WRITE IN THIS SPACE

Claim Number:

Obligation Number:

### UST Claim Request for Directed Actions

# DRAFT

Date Form Completed

#### 1. General Information

Agency Interest Number (AI)

Application Type (mark one)

☐ FRA ☐ PSTA ☐ SOTRA

Application Number

Date of Directive

Initial Amount Approved

\$

Name of Directive

Amount Requested

\$

#### 2. UST Facility Information

UST Facility Name

UST Facility Physical Address  
(PO Box not accepted)

Street Address:

City:

County:

Zip Code:

UST Facility Physical Phone

UST Facility Contact Person

Email:

#### 3. Applicant Information

Applicant Name

Applicant Mailing Address

Street Address:

City:

County:

Zip Code:

Applicant Contact Information

Phone:

Email:

Legally Authorized Representative /  
Agent

Phone:

Email:

#### 4. Payment Verification Affidavit Certification

1. This affidavit is given with reference that this Claim Request is signed and dated by me and thereafter to be submitted to the UST Branch. This Claim Request reimbursement is for costs incurred for corrective action at the facility above.

2. This affidavit certifies that all vendors and subcontractors who have performed work, or supplied materials, related to corrective action at the facility, and whose invoices for such work or materials make up all or any portion of the costs that are the subject of this Claim Request, have been paid in full for all such work and materials as the date of submittal of this Claim Request to the UST Branch, except for those invoices specifically listed in Item 3 below.

3. The following invoices make up all or a portion of the costs that are the subject of this Claim Request, and have not been paid in full as of the date of submittal of this Claim Request to the UST Branch. A UST Payment Waiver (DWM 4289) for each vendor or subcontractor listed below shall be submitted with this Claim Request prior to reimbursement (required).

Number of Invoices	Name of Vendor / Subcontractor	Invoice Number	Invoice Amount	Payment Waiver Included
1			\$	<input type="checkbox"/>
2			\$	<input type="checkbox"/>
3			\$	<input type="checkbox"/>
4			\$	<input type="checkbox"/>
5			\$	<input type="checkbox"/>
6			\$	<input type="checkbox"/>

AI

### 5. PSTEAF Eligible Company Certification

☐ Check here if the person completing the form is the same as the eligible company representative below.

<b>Name of Person Completing Form</b>			
<b>Email</b>		<b>Phone Number</b>	

I, the undersigned, certify under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I certify the submitted information is true, accurate and complete. I further certify that, if not the owner or operator, I am authorized by the owner or operator as an agent to make this certification, or I am the person eligible in accordance with 401 KAR 42:250 and my (our) eligibility is in good standing.

Note to Applicant:	Incomplete claim forms cannot be processed. After signing below, send incomplete claim forms back to your contracted eligible company or partnership prior to submittal to the UST Branch.
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<b>Applicant or Legally Authorized Representative / Agent</b>	<i>Printed</i>		<i>Title</i>	
	<i>Signature</i>		<i>Date</i>	
<b>Eligible Company or Partnerships Representative</b>	<i>Printed</i>		<i>Title</i>	
	<i>Signature</i>		<i>Date</i>	

*Note: The UST Branch shall review claim requests immediately following a technical completion determination.*